



International Nurses Society on Addictions 2009-2010 Membership Renewal Application Renewal Notice

July 1, 2009 – June 30, 2010
Telephone: (913) 895-4622
(877) 646-8672
Fax: (913) 895-4652

GENERAL INFORMATION (Please print or type)

Name: _____
 Company: _____
 Preferred Address: Home Company
 Address 1: _____
 Address 2: _____
 City: _____
 State: _____ Zip Code: _____
 Country: _____

Certifications: _____
 Title: _____
 Work Telephone: _____
 Home Telephone: _____
 Fax*: _____
 Email Address*: _____
 Website: _____

I do NOT wish to participate in the Listserv.

*Fax and/or email will be used for member communications.

DONATION

I wish to donate \$_____ to the Foundation for Addictions Nursing. My donation is included with my membership dues payment.
Friend of Fan \$25-\$99, Bronze \$100-199, Silver \$200-\$299, Gold \$300-499, Platinum \$500+

TYPE OF MEMBERSHIP

Individual Membership		
<input type="checkbox"/>	\$120.00	Regular Member (RN)
<input type="checkbox"/>	\$140.00	International Member (RN living outside the US)
<input type="checkbox"/>	\$100.00	Associate Member (LPN, LVN)
<input type="checkbox"/>	\$ 75.00	Student Member (All students enrolled in a nursing education program.)
<input type="checkbox"/>	\$ 90.00	Retired Member
<input type="checkbox"/>	\$ 90.00	Disabled Member
Affiliate Membership		
<input type="checkbox"/>	\$ 100.00	Affiliate Individual (All other persons or entities interested in addictions nursing)
<input type="checkbox"/>	\$1,000.00	Affiliate Corporate (All organizations, agencies, corporations, facilities, treatment facilities, et al, who have an interest or involvement with nurses and the field of addictions prevention or treatment)

Group Membership Rates		
<input type="checkbox"/>	25-100 Members*	_____ x \$ 85 Each = _____
<input type="checkbox"/>	101-200 Members*	_____ x \$ 80 Each = _____
<input type="checkbox"/>	200+ Members*	_____ x \$ 75 Each = _____
International Group Membership		
<input type="checkbox"/>	25-100 Members*	_____ x \$105 Each = _____
<input type="checkbox"/>	101-200 Members*	_____ x \$100 Each = _____
<input type="checkbox"/>	200+ Members*	_____ x \$ 95 Each = _____

* Please include a list of all group members with address, phone and email address.

Members get all benefits with the exception of being non-voting and cannot hold board positions. Membership discount for conferences and products is mid-point between the full membership and non-member rate. Individuals can pay the difference to get the full membership with all of its benefits.

PAYMENT METHODS

Check enclosed for **FULL AMOUNT** made payable to IntNSA. Charge my (circle 1): VISA MasterCard Discover AMEX

\$ _____
 Total Amount Due

Account Number _____

Name of Cardholder _____

Authorized Signature _____

_____/_____
 Expiration Date PIN/3-4 digit security code
 (Located on back of card.)

Address that credit card is issued to:
 Home Work Other

Other: _____

Please remit payment to:
 IntNSA Payment Processing Center
 P.O. Box 14846
 Lenexa, KS 66285-4846

*Payment of dues or other contributions to IntNSA are not tax deductible as charitable contributions for income tax purposes. They may, however, be tax deductible as ordinary and necessary business expenses.
 IntNSA Tax ID: 36-3273621*

International Nurses Society on Addictions collects credit card information to make it easier for you to register for seminars and events online, as well as paying for other services. IntNSA does not use or share credit card information for any other purpose. We retain such information as is needed for standard accounting record keeping requirements. Every step is taken to protect the loss, misuse, and alteration of the information under our control. If you prefer please use a check or money order to make any necessary payments. Thank you.